



Open Enrollment Overview

This Job Aid provides a walkthrough of the enrollment steps you need to complete during Open Enrollment (OE) in Cardinal Employee Self-Service (ESS) as a locality ESS user.

The dates shown throughout this Job Aid were taken for the May Open Enrollment time frame. However, the process contained in this Job Aid applies to all Open Enrollment dates.

Throughout the Job Aid there will be verbiage blurred out on the screenshots. Please remember to read the instructions and the fine print on the actual pages in Cardinal when going through the Open Enrollment steps.

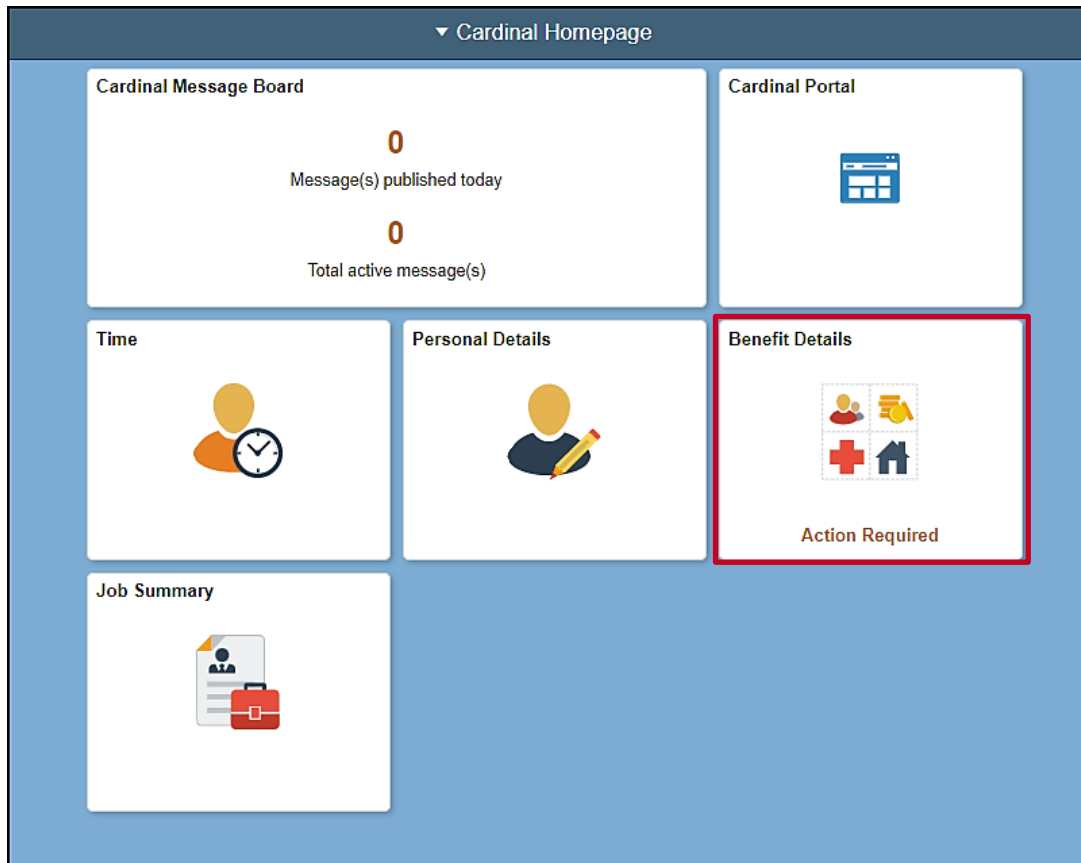
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Making your Open Enrollment Elections (in ESS)

The Open Enrollment process contained in this Job Aid can only be completed during the Open Enrollment (OE) period. Outside of the OE window, you can only change your benefits through a Life Event (i.e., Birth, Adoption, Divorce, Marriage, etc.) in Employee Self-Service or by contacting your locality Benefits Administrator (BA).

This process begins at the **Cardinal Homepage**.



Note: Individual **Cardinal Homepage** tile availability and locations may appear differently based upon individual preferences and security settings.

1. Click the **Benefit Details** tile.



Benefits Job Aid

ESS How to Make Open Enrollment Elections_Locality

The **Benefit Details** page displays with the **Benefits Summary** list item displayed by default.

Type of Benefit	Plan Description	Coverage or Participation
Medical	Key Adv 1000 Comprehensive Dnt	Family

- Click the **Benefits Enrollment** list item on the left-hand side of the page.

The **Benefits Enrollment** page displays.

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Open	Health Benefits Only

Event Description	Event Date	Event Status	Job Title
Open Enrollment	07/01/2022	Submitted	Admin and Office Spec III

- Click either the **Start** button or **Re-Elect** button for the Open Enrollment event.

Note: If you have already completed any elections for this Open Enrollment and you need to make updates or any additional elections, the Status for the Open Enrollment event will be "Submitted" and the **Start** button will be replaced with a **Re-Elect** button or a **Resume** button.



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The **Benefits Enrollment** section displays.

4. Review your Current enrollment information within the **Medical** tile. The New enrollment information defaults with the same enrollment information.

5. Click the **Medical** tile to begin the enrollment process.

The **Medical** page displays.

6. Review the existing dependents covered under your health plan to determine if changes are needed.



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7. If you need to add a dependent to your health plan coverage, click the **Add Dependent** button. If you are not adding a dependent, skip to [Step 30](#).

Note: Only add dependents that will be covered under your health plan. Do not add any beneficiaries into Cardinal. Beneficiaries (for life insurance or retirement) are not tracked in Cardinal. See your locality Benefits Administrator for any additional questions related to beneficiaries.

The **Dependent and Beneficiary Information** page displays.

Dependent and Beneficiary Information			
Add Individual			
Name	Relationship	Beneficiary	Dependent
Megan Jones	Spouse		✓
Christopher Jones	Child		✓
Connor Jones	Child		✓

8. Click the **Add Individual** button to add a dependent to your Employee Record.

The **Individual Dependent/Beneficiary Information** page displays.

Cancel

Individual Dependent/Beneficiary Information

Name

Add Name

Personal Information

Date of Birth

*Gender

*Relationship to Employee

*Marital Status

*Student

*Disabled

*Smoker

As of

As of

As of

As of

Address

Address	Address Type	Same as mine
100 E Main Street Richmond, VA 23230	Home	Same as mine

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

9. Click the **Add Name** button.

The **Name** page displays in a pop-up window.

A screenshot of a web form titled "Name". The form has a "Cancel" button on the top left and a "Done" button on the top right. The form contains several fields: "Name Format" (a dropdown menu with "English" selected), "Name Prefix" (a dropdown menu), "*First Name" (a text input field with a red border), "Middle Name" (a text input field), "*Last Name" (a text input field with a red border), "Name Suffix" (a dropdown menu), "Display Name" (a text input field), "Formal Name" (a text input field), and "Name" (a text input field). The asterisk (*) next to "First Name" and "Last Name" indicates they are required fields.

10. Enter your dependent's name information in the corresponding fields. The **First Name** and **Last Name** fields are required.

Note: Suffixes should only be entered in the **Name Suffix** field.

11. Click the **Done** button.



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The **Individual Dependent/Beneficiary Information** page returns with the name populated.

Cancel Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information.

Name

Flower Jones

Personal Information

Date of Birth

*Gender

*Relationship to Employee

*Marital Status Single

*Student No

*Disabled No

*Smoker Non Smoker

As of

As of

As of

As of

Address

Address	Address Type	Same as mine
100 E Main Street Richmond, VA 23230	Home	Same as mine

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

Add Email

12. Input your dependent's date of birth in the **Date of Birth** field or select the appropriate date of birth using the **Date of Birth Calendar** icon.
13. Select your dependent's gender using the **Gender** dropdown button.
14. Select your dependent's relationship to you using the **Relationship to Employee** dropdown button.

Note: All children to be covered under health benefits, regardless of age, must be listed as "Child".

15. Select your dependent's marital status using the **Marital Status** dropdown button.
16. The **Student** field defaults to "No". There is no requirement to update this field as the Student field is not tracked in Cardinal or transmitted to the Health Benefits Vendor.
17. The **Disabled** field defaults to "No". Do not change this value.

Note: If your dependent is "Disabled", you must provide proof of disability to your locality Benefits Administrator outside of Cardinal.



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18. The **Smoker** field defaults to “No”. Do not update this field as Cardinal does not track or transmit smoker status to the Health Benefits Vendor.

Cancel Individual Dependent/Beneficiary Information

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Mar 30, 2022.

Name

Flower Jones >

Personal Information

Date of Birth

*Gender

*Relationship to Employee

*Marital Status Single As of

*Student No As of

*Disabled No As of

*Smoker Non Smoker As of

Address

Address	Address Type	Same as mine
100 E Main Street Richmond, VA 23230	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Email

No data exists

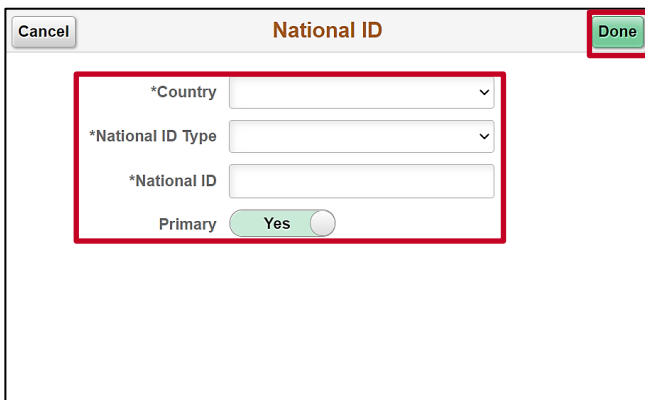
Add Email

19. If your dependent has the same address as you do, verify that the **Address** section is set to “Same as mine”.

Note: If your dependent has a different address than you, click on the address shown and edit accordingly.

20. Scroll down to the **National ID** section as needed and click the **Add National ID** button.

The **National ID** page displays in a pop-up window.

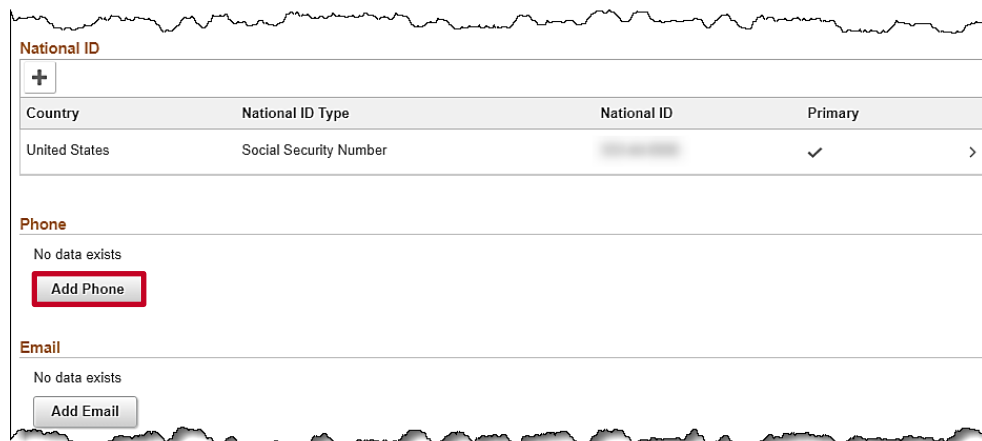


21. Complete the **Country**, **National ID Type**, and **National ID (SSN)** fields for the dependent.

Note: It can only be “No” for the **Primary** slide field if there is more than one type of National ID listed for the dependent (e.g., dual citizenship).

22. Click the **Done** button.

The **Individual Dependent/Beneficiary Information** page returns.



Country	National ID Type	National ID	Primary
United States	Social Security Number	[redacted]	✓

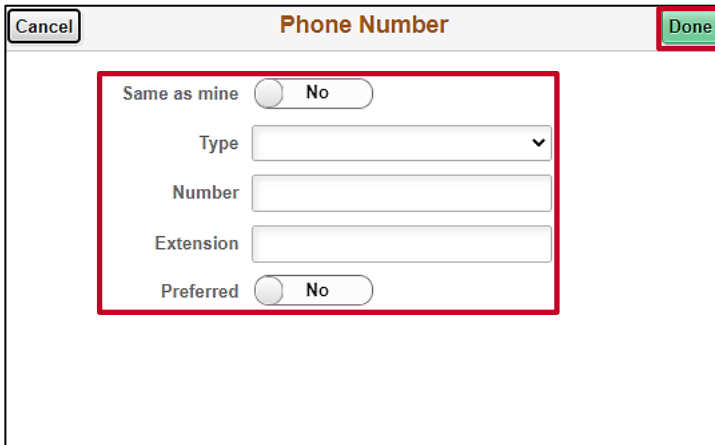
Phone
No data exists
Add Phone

Email
No data exists
Add Email

23. Click the **Add Phone** button.

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The **Phone Number** page displays in a pop-up window.



The **Phone Number** pop-up window has a title bar with **Cancel** and **Done** buttons. The main content area contains a red-bordered box with the following fields:

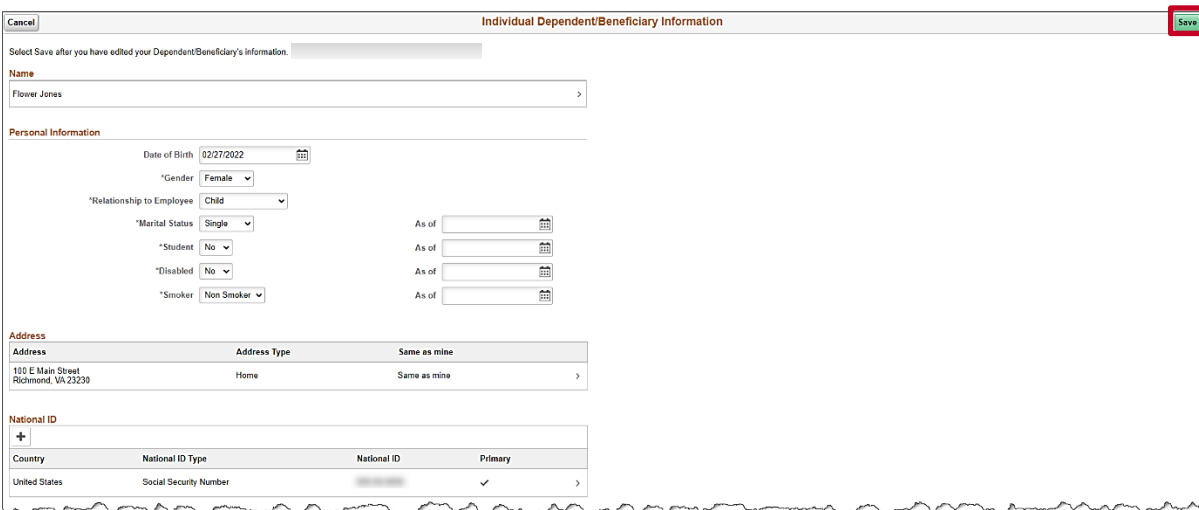
- Same as mine**: A toggle switch set to **No**.
- Type**: A dropdown menu.
- Number**: A text input field.
- Extension**: A text input field.
- Preferred**: A toggle switch set to **No**.

24. Select “Yes” for the **Same as Mine** slider field as applicable. If not, enter the dependent’s phone information in the corresponding fields.

Note: Phone number information is not required for dependents.

25. Click the **Done** button.

The **Individual Dependent/Beneficiary Information** page returns.



The **Individual Dependent/Beneficiary Information** page has a title bar with **Cancel** and **Save** buttons. The main content area contains the following sections:

- Name**: A text input field with the value **Flower Jones**.
- Personal Information**:
 - Date of Birth**: 02/27/2022
 - *Gender**: Female
 - *Relationship to Employee**: Child
 - *Marital Status**: Single
 - *Student**: No
 - *Disabled**: No
 - *Smoker**: Non Smoker
 - As of**: Four empty date input fields.
- Address**:

Address	Address Type	Same as mine
100 E Main Street Richmond, VA 23230	Home	Same as mine
- National ID**:

Country	National ID Type	National ID	Primary
United States	Social Security Number		✓

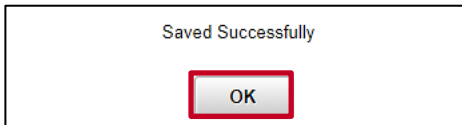
26. Scroll up as needed and click the **Save** button in the top right-hand corner of the page.

Note: If you don’t have an SSN for your dependent, the record will save without a National ID entered. However, your locality Benefits Administrator will reach out to obtain the SSN in the future.



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A **Saved Successfully** message displays in a pop-up window.



27. Click the **OK** button.

The **Dependent and Beneficiary Information** page returns.

Dependent and Beneficiary Information ✕			
Add Individual			
Name	Relationship	Beneficiary	Dependent
Megan Jones	Spouse		✓
Christopher Jones	Child		✓
Connor Jones	Child		✓
Flower Jones	Child	✓	✓

28. Repeat Steps 7 – 27 as required until all dependents are added.

Note: When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **Do not miss your Open Enrollment deadline.** If you **do not** have the documentation, you can still submit your election request. The eligibility documents can be submitted later. See your locality Benefits Administrator for more information.

29. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner of the page.

The **Medical** page returns.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Select Waive				\$0.00
Select Key Adv 500 Comprehensive Dent	\$954.00	\$954.00	\$1190.00	\$954.00
Select Key Adv 500 Preventive Dent	\$908.00	\$908.00	\$1190.00	\$908.00
✓ Key Adv 1000 Comprehensive Dent	\$843.00	\$843.00	\$1190.00	\$843.00
Select Key Adv 1000 Preventive Dent	\$797.00	\$797.00	\$1190.00	\$797.00
Select Key Adv 500 Comprehensive Dent	\$2144.00	\$2144.00		\$2144.00
Select Key Adv 500 Preventive Dent	\$2098.00	\$2098.00		\$2098.00

30. Within the **Enroll Your Dependents** section, select the **Enroll** checkbox option for each dependent you want covered for the new plan year.

Note: As you select dependents, the coverage costs below will update accordingly.

The **Medical** page refreshes.





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Cancel Medical Done

▼ Enroll Your Dependents

Dependents that the employee has registered are listed here. To add a new dependent, go to the Dependent/Beneficiary Information.

Dependents	Relationship
<input checked="" type="checkbox"/> Megan C Jones	Spouse
<input checked="" type="checkbox"/> Christopher C Jones	Child
<input checked="" type="checkbox"/> Connor C Jones	Child
<input checked="" type="checkbox"/> Flower Jones	Child

Add Dependent

▼ Enroll in Your Plan

The Family Cost showing is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage cost, select the help icon next to each plan option.

Plan Name	Cost (Before Tax)	Cost (After Tax)	Employer Cost	Pay Period Cost
Select Waive				\$0.00
Select Key Adv 500 Comprehensive Dent	\$954.00		\$1190.00	\$954.00
Select Key Adv 500 Preventive Dent	\$908.00		\$1190.00	\$908.00
✓ Key Adv 1000 Comprehensive Dnt	\$843.00		\$1190.00	\$843.00
Select Key Adv 1000 Preventive Dent	\$797.00		\$1190.00	\$797.00
Select Key Adv 500 Comprehensive Dent	\$2144.00			\$2144.00
Select Key Adv 500 Preventive Dent	\$2098.00			\$2098.00

Overview of All Plans

31. Within the **Enroll in Your Plan** section, select the Health Plan you wish to enroll in for the new plan year by clicking the corresponding **Select** button. A green checkmark displays for the selected plan.

Note: Optionally click the blue **Information** icon for any of the plans to view additional information.

32. Click the **Done** button in the upper right-hand corner of the page.

The **Benefit Details** page returns.

← Back Benefit Details

Benefits Summary

Life Events

Dependent/Beneficiary Info

Benefits Enrollment

Benefit Statements

Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.

▼ Enrollment Summary

Your Pay Period Cost \$908.00

Status Pending Review

Full Cost \$908.00

Employer Cost \$1,190.00

Enrollment Preview Statement

Submit Enrollment

Medical

Current Key Adv 1000 Comprehensive Dnt

New Key Adv 500 Preventive Dent

Status Changed

4 Dependents

Pay Period Cost \$908.00

Review



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33. Review the updated information in the **Medical** tile.

Note: The **Medical** tile now displays the coverage selected in the **New** row and the number of dependents enrolled along with the Pay Period Cost for the new plan year. The **Medical** tile now has a Status of “**Changed**”.

34. Click the **Submit Enrollment** button.

A **Benefits Alerts** message displays in a pop-up window.

The screenshot shows a pop-up window titled "Benefits Alerts". At the top, there are three buttons: "Done", "Benefits Alerts" (the title), and "View". The "View" button is highlighted with a red box. Below the buttons, the text reads: "Your benefit choices have been successfully submitted to the Benefits Department. Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary".

35. Click the **View** button to review your Election Preview Statement.

Note: If you don't want to review your Election Preview Statement, click the **Done** button and you have completed the open enrollment process.

The **View Submitted Enrollment** page displays.

The screenshot shows the "View Submitted Enrollment" page. At the top, there is a header bar with the title "View Submitted Enrollment" and a close button (X). Below the header, there is a table with two rows: "Statement Type" (Submitted Enrollment) and "Description" (July 2022 OE TLC). To the right of the table is a "Print View" button. Below the table, there is a section titled "Statement Sections" with a list of sections: "Personal Information", "Cost Summary", "Election Summary", "Dependents and Beneficiaries", "Dependent Enrollments", "Beneficiary Designations", and "Investment Allocations". The "Expand All" button is highlighted with a red box.

36. Click the **Expand All** button.



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The page refreshes and the detailed information displays.

View Submitted Enrollment

Statement Type Submitted Enrollment Description July 2022 OE TLC
Enrollment Effective Date 07/01/2022 Statement Issue Date 04/13/2022 10:52AM

[Print View](#)

This statement confirms your July 2022 OE TLC benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

Statement Sections

[Collapse All](#)

▼ **Personal Information**

This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

Contact Information

Name Charles Jones2
Mailing Address
Email Address noemail@virginia.gov

Eligibility Information

Home Address 100 E Main Street, Richmond, VA 23230
Gender Male
Marital Status Single
Birth Date 05/01/2000
Service Date 11/28/2021

▼ **Cost Summary**

This is a summary of the cost of your benefits. Details are in the Election Summary section.

Your Cost Per Pay Period	\$ 908.00
Full Cost	\$ 908.00
Employer Cost	\$ 1,190.00

Medical

▼ **Election Summary**

The following is a summary of your elections. Select the Dependent or Beneficiary hyperlink to view the information associated with each benefit.

Remember: These coverages will remain in effect until the next Benefits Open Enrollment or if you experience a change in family status or employment situation.

37. Click the **Print View** button as desired to print the Election Preview Statement.
38. Once complete, click the **Close (X)** icon to return to the **Benefit Details** page.



The **Benefit Details** page returns.

The screenshot shows the 'Benefit Details' page. On the left is a sidebar with navigation links: 'Benefits Summary' (highlighted), 'Life Events', 'Dependent/Beneficiary Info', 'Benefits Enrollment', and 'Benefit Statements'. The main content area is titled 'Benefit Details' and contains the following sections:

- Benefits Summary**: A sub-header with a note: 'The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.'
- Enrollment Summary**: A section with a red box highlighting the following information:
 - Your Pay Period Cost: **\$908.00**
 - Status: **Submitted**
 - Buttons: 'Enrollment Preview Statement' and 'Submit Enrollment'
- Costs**: To the right of the red box, it shows 'Full Cost \$908.00' and 'Employer Cost \$1,190.00'.
- Medical Plan**: A blue circle labeled 'Medical' is on the right.
- Benefit Plans**: A section with a tabbed interface showing 'Medical' as the selected plan. It displays:
 - Current: Key Adv 1000 Comprehensive Dnt
 - New: Key Adv 500 Preventive Dent
 - Status: **Changed**
 - 4 Dependents
 - Pay Period Cost: **\$908.00**
 - A 'Review' button at the bottom right.

Note: If you added a dependent during the open enrollment process, you must now submit the supporting documentation to your locality Benefits Administrator for the coverage to be transmitted to the Health Benefits Vendor.

Congratulations! You have completed the benefit enrollment process for Open Enrollment. You will receive an email with your open enrollment confirmation statement.